

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

Attorney Docket
Number: 31092-05

DECLARATION: As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TREATMENT OF DRY EYE SYNDROME

the specification of which:

☐ is attached hereto OR was filed before the USPTO on ____, receiving U.S. application number __.

☒ was filed on July 17, 2003 as PCT Application Number PCT/US03/22297 and amended on

N/A (if applicable.)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States listed below, and have also identified below any foreign application for patent or inventor's certificate or PCT international application having a filing date before that of the application on which priority is claimed:

Priority Claimed

<u> </u> (Number)	<u> </u> (Country)	<u> </u> Filed (Day/Month/Year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<u> </u> (Number)	<u> </u> (Country)	<u> </u> Filed (Day/Month/Year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

<u>60/396,222</u> (Application Serial No.)	<u>July 17, 2002</u> (Filing Date)	<u> </u> (Application Serial No.)	<u> </u> (Filing Date)
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I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT application(s) in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status - patented, pending, abandoned)
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POWER OF ATTORNEY: I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Joseph T. Guy, Reg. No. 35,172; John B. Hardaway, III, Reg. No. 26,554; William Y. Klett, III, Reg. No. 41,903; Michael A. Mann, Reg. No. 32,825; J. Herbert O'Toole, Reg. No. 31,404; Charles L. Schwab, Reg. No. 17,497; Townsend Belser, Jr., Reg. No. 22,956; and Sara A. Centioni, Reg. No. 50,543.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Date *Jan 8-2005*

FULL NAME OF THIRD JOINT INVENTOR (given name, family name) _____

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City and Country of Residence _____

Citizenship _____

Inventor's Signature _____

Date _____

FULL NAME OF FOURTH INVENTOR (given name, family name) _____

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City and Country of Residence _____

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Date _____

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